

1.) CORPORATION NAME:

**CARNIVAL CORPORATION**

DUE DATE: **8/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**NATIONAL REGISTERED AGENTS, INC.**

**4001 NORTH NINTH STREET**

**SUITE 227**

**ARLINGTON, VA 22203**

SCC ID NO: **F1763038**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,959,999,998
PREFER	40,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**FN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3655 N.W. 87 AVE

CITY/ST/ZIP: MIAMI, FL 33178-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	ARNALDO PEREZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SRVP-LEGAL/GC/S		
ADDRESS:	3655 NW 87 AVENUE		
CITY/ST/ZIP/CO:	MIAMI, FL 33178-		
NAME:	ROBERT DICKINSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3655 NW 87TH AVENUE		
CITY/ST/ZIP/CO:	MIAMI, FL 33178-		
NAME:	STUART SUBOTNICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3655 NW 87TH AVENUE		
CITY/ST/ZIP/CO:	MIAMI, FL 33178-		
NAME:	MICKY ARISON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	President & CEO		
ADDRESS:	3655 N W 87 AVENUE		
CITY/ST/ZIP/CO:	MIAMI, FL 33178-		
NAME:	HOWARD S FRANK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	3655 N W 87 AVE		
CITY/ST/ZIP/CO:	MIAMI, FL 33178-0008		

NAME:	DAVID BERNSTEIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP & CFO		
ADDRESS:	3655 NW 87TH AVENUE		
CITY/ST/ZIP/CO:	MIAMI, FL 33178-		
NAME:	LARRY FREEDMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CAO & VP		
ADDRESS:	3655 NW 87TH AVENUE		
CITY/ST/ZIP/CO:	MIAMI, FL 33178-		
NAME:	SIR JONATHON BAND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3655 NW 87TH AVENUE		
CITY/ST/ZIP/CO:	MIAMI, FL 33178-		
NAME:	ARNOLD W. DONALD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3655 NW 87TH AVENUE		
CITY/ST/ZIP/CO:	MIAMI, FL 33178-		
NAME:	PIER LUIGI FOSCHI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3655 NW 87TH AVENUE		
CITY/ST/ZIP/CO:	MIAMI, FL 33178-		
NAME:	RICHARD J. GLASIER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3655 NW 87TH AVENUE		
CITY/ST/ZIP/CO:	MIAMI, FL 33178-		
NAME:	MODESTO A MAIDIQUE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3655 NW 87TH AVENUE		
CITY/ST/ZIP/CO:	MIAMI, FL 33178-		
NAME:	SIR JOHN PARKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3655 NW 87TH AVENUE		
CITY/ST/ZIP/CO:	MIAMI, FL 33178-		
NAME:	PETER G. RATCLIFFE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3655 NW 87TH AVENUE		
CITY/ST/ZIP/CO:	MIAMI, FL 33178-		
NAME:	LAURA WEIL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3655 NW 87TH AVENUE		
CITY/ST/ZIP/CO:	MIAMI, FL 33178-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	<div style="text-align: right;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </div> RANDALL J. WEISENBURGER DIRECTOR 3655 NW 87TH AVENUE MIAMI, FL 33178-
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	<div style="text-align: right;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </div> UZI ZUCKER DIRECTOR 3655 NW 87TH AVENUE MIAMI, FL 33178-
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ ARNALDO PEREZ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<div style="display: flex; justify-content: space-between;"> <div> ARNALDO PEREZ, SRVP-  LEGAL/GC/S  PRINTED NAME AND CORPORATE TITLE </div> <div> 9/7/2011  DATE </div> </div>
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	